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CONFIRMATION NO. 4700

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|---|---|-------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>10/531,038  | <b>FILING OR 371(c) DATE</b><br>04/12/2005<br><b>RULE</b>   | <b>CLASS</b><br>455           | <b>GROUP ART UNIT</b><br>2684   | <b>ATTORNEY DOCKET NO.</b><br>GRA26 009 |
| <b>APPLICANTS</b><br>Joseph P Kennedy JR., Great Faffs, VA;<br>Thomas Booker Gravely, Herndon, VA;<br>Andrew Beck, Ashburn, VA;<br>John P Carlson, Herndon, VA;<br>Martin Alles, Hamilton Parish Flo4, BERMUDA;   |   |                               |   |   |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US03/32580 10/16/2003<br>which claims benefit of 60/418,342 10/16/2002<br>and claims benefit of 60/503,490 09/17/2003   |   |                               |   |   |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>VA | <b>SHEETS DRAWING</b><br>4  | <b>TOTAL CLAIMS</b><br>35               |
|   |   |                               |   | <b>INDEPENDENT CLAIMS</b><br>8          |
| <b>ADDRESS</b><br>Duane Morris<br>1667 K Street N W<br>Suite 700<br>Washington ,DC 20006  |   |                               |   |   |
| <b>TITLE</b><br>System and method of operation for network overlay geolocation systemwith repeaters   |   |                               |   |   |
| <b>FILING FEE RECEIVED</b><br>2350  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |